



survivor. Police rape statistics do not include men and individuals raped with an object. The average conviction rate at present stands at just over 7%.

Chantel Cooper of Rape Crisis in Cape Town said medical officers needed to ensure that the survivor was 'believed and not judged. This will go a long way to reduce secondary trauma,' she said.

### Catching more rapists

Taubkin said Netcare's sexual assault centres had developed excellent relationships with police by helping with forensic examination, evidence preservation and providing solid support for survivors while encouraging them to lay charges.

'We're reporting and catching more perpetrators and that's a good outcome,'

she added. The centres also document and treat injuries, evaluate for STDs (plus prevention), assess pregnancy risk (plus prevention) and provide psychological support and follow-up for a full year. Of patients treated so far, 94.2% were female and 5.8% male, while 78.4% had no medical insurance.

The clumsily handled and long-awaited Sexual Offences Bill was referred back to the National Assembly's justice committee on the last day of parliament last year because of 'amateurish and unprofessional' legal advice by the State Attorney's office. It broadens the definition of rape to include all forms of sexual penetration without consent and criminalises all forms of sexual abuse, including 'flashing', and targets those who gain from sexual exploitation.

The bill, which has been 12 years in the drafting, extends across the country's borders and gives local authorities powers to prosecute South Africans involved in sex crimes in other countries while also addressing sexual trafficking. Taubkin said: 'The day I see the legislation in my hand that classifies any sort of sexually deviant behaviour as rape, I will eat my statistical page'.

South Africa is the world's only country where paediatric rape is a societal phenomenon.

• Handy website: [www.Speakout.co.za](http://www.Speakout.co.za) (best done by entering 'speakout' on Google) and Netcare's national trauma co-ordinator, Mande Toubkin at 082 8207914.

Chris Bateman

## DISCOVERY CONTESTS 'UNSAVOURY' FINDINGS

More than 80% of specialists interviewed in a survey commissioned by the South African Ear Nose and Throat Society believe Discovery Health has alienated itself from the profession while 90% believe it should not refer to restricted networks.

According to Johannesburg-based ENT surgeon and President of the society, Chris Joseph, the study was undertaken to question Discovery's claims 'for a couple of years now', that it had an 'excellent' relationship with the profession and that things were 'going very well'.

The ENT move follows the much-debated incentive schemes such as the Hospital Rating Index, the Premier Rate Arrangement and the Paediatric Governance Project introduced by Discovery last year.

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Joseph said that while his society had 'a fairly good relationship' and met often with Discovery 'to try and sort out problems', it firmly believed more facts were needed to balance the medical aid giant's 'marketing' tactics.

The ENT-commissioned survey was circulated to 'a few thousand' specialists across the country in March and April last year, harvesting 411 full responses. More than 80% perceived a lack of transparency by Discovery and felt it should withdraw its computerised hospital rating index system while contending that balanced billing was 'important' (55% said 'extremely important'). A full 55% were dissatisfied with Discovery's services (24% 'extremely') while 40% believed its administrative services were poor (17% 'extremely' so, 35% 'average', 21% 'good' and 4% 'excellent').

Last year Discovery was easily the highest profile medical aid company in market innovation and public relations and/or philanthropic moves. These included pumping over R100 million



into fellowships to train 300 local medical specialists over the next decade, raising payouts to specialists (Premier Rate and Paediatric Governance) and introducing the computerised Hospital Ratings Index system.

## Hired experts find survey 'biased'

Dr Maurice Goodman, Discovery's head of Health Profession Strategy, told *Izindaba* that he first heard of the ENT survey early last year and had been under the impression that the society would 'bring it to the table' for discussions. When this failed to happen, he commissioned three top research experts to probe the survey's validity.

The resulting 'consensus' by Professor Paul Fatti, Emeritus Professor of Statistics and Actuarial Science at the University of the Witwatersrand, Dr Clive Corder, a market research specialist, and Markinor, was that the research design and execution were flawed.

This rendered the results 'invalid'. 'Any figures can therefore not be quoted as an accurate reflection of the perceptions of health professionals,' Goodman said.

Discovery's experts found that the introductory tone of the survey letter had a 'strong negative bias' while the questionnaire and universe representation 'were likely to give a false and misleading impression of the perceptions private medical practitioners held of Discovery'.

The ENT survey was conducted by Healthman (Casper Venter).

Its (March 2006) introduction reads: 'More and more practices inform us that Discovery Health patients make up a substantial portion of their practices. We often get feedback from members regarding the general services of Discovery Health and from time to time we also deal with and resolve individual practice-related problems between the practices and Discovery Health'.

'In recent weeks Discovery Health has been in the printed media and on *Carte Blanche* following some controversial decisions by Discovery. These relate to the hospital rating system, refusal to pay for certain drugs and the setting of tariffs below NHRPL for certain medical disciplines and for certain codes. We have been requested by certain specialist groups to conduct a survey to gauge the current sentiment in respect of Discovery Health.'

Goodman said Discovery was 'honestly interested in feedback from the profession, even if anecdotal, but there can be no statistical conclusions drawn from this (Healthman) survey'.

'If you send out a survey and all you get is a response from those who feel strongest about the issue, then the silent majority will be exactly that. They will remain silent.'

The contested survey shows that publicity generated by debate over the hospital ratings system led to an unsurprising 89% of the survey's respondents being aware of it. Nearly 37% admitted to having reviewed the ratings of the hospital at which they generally admitted patients. However, 80% said they did not believe that the rating system was accurate or of benefit to members/patients, with 82% saying they believed it should be withdrawn. Discovery touted the ratings as 'empowering patients' and giving them a more objective choice.

## Hospital ratings slammed

Many Healthman respondents took exception to being given a bad rating because of a colleague's 'poor results', with one specialist citing a 'ridiculous' example of Entabeni Hospital's low rating for tonsillectomies. When the tonsillectomy rating was queried, he was reportedly told this was because of a death at the hospital. Further investigation showed that the patient had not died but had instead resigned from Discovery Health. 'This is ludicrous,' he fumed.

'One adverse incident can also affect the rating, showing just how inappropriate it is', another colleague said. Another commented: 'Rubbish in, rubbish out. No attempt to verify data or profile practices or hospital. Vested interests more interested in saving money than patients or doctors' interests. Wolf deciding what is best for lamb.'

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Several doctors called on the medical aid giant to 'stick to health care insurance and cut admin costs and stop selling movie tickets, air flights and such!'

Of the specialists canvassed in the survey, 46% had between 21% and 40% of their patients on Discovery Health. Asked about the frequency with which Discovery underpaid for a service or refused to pay at all, 38% of the Healthman respondents claimed this happened 'often', and 22% said 'seldom'.

The overwhelming response to one question neatly summed up what lies at the heart of many doctors' objections to medical aid monoliths dictating the way medicine is practised. Over 82% said it was 'unfair and unreasonable' to refuse payment for medical treatment/medication where Discovery believed it was too expensive, while the treatment/medication was supported by current clinical protocols as the best available.

The actual percentage of respondents who believed Discovery had alienated itself from the medical profession was 83.17% (7.04% said no and 9.8% declined comment).



• The Paediatric Governance Project rewards the South African Paediatric Association and the Paediatric Management Group for 'advising and bringing into line with good clinical practice', members who show 'inappropriately high admission rates'. Discovery provides data to these groups

to help them identify such practitioners. Savings thus made contribute to hiking Discovery's payments to paediatricians.

• The Premier Rate for Specialists involves specialists charging Discovery members higher fees (125% and 150% of the NHRPL list for in-hospital codes and out-of-hospital codes respectively)

in return for identical payouts and a single rate across all plan types (excluding KeyCare). Any discrepancies in claimed amounts are automatically defaulted to the specialist, 'reducing bad debts, debt conciliation and collection'.

Chris Bateman

*"...does an excellent job in covering this important topic and will be useful to practitioners in both medical and surgical specialities."*

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